

MEDICAL TRANSPORTATION ASSISTANCE PROGRAM CLAIM FOR PRIVATE VEHICLE USAGE

CLAIMANT INFORMATION To be completed by the person who is to receive payment for the private vehicle mileage						
Surname	First Name					
MCP Number	Expiry Date (YYYY/MM/DD)	Telephone Number				
Home Address						
City / Town	Province	Postal Code				
Mailing Address (if different from home address)						
City / Town	Province	Postal Code				
DATIENT INFORMATION All as four first distants for state of the second state	and according to the theory of a second second state of the facility					

PATIENT INFORMATION All patients listed below must reside at the same address and must sign in the space provided to indicate their consent for payment of private vehicle mileage to be made directly to the claimant

Patient Name		MCP Number	Expiry Date	Relationship to Claimant	Signature of Consent
Surname	Given Name		YYYY/MM/DD	Relationering to elaintant	A Parent/Guardian must sign on behalf of children under age 16

CLAIM INFORMATION Distance travelled will be calculated based on the NL Statistics Agency road distance database								
MCP Number of Patient	Date of Appointment	Location of Appointment	Date of Departure	Date of Return	Estimated Distance Travelled			
	YYYY/MM/DD	City / Town	YYYY/MM/DD	YYYY/MM/DD	Estimated Distance Havened			
YOU MUST ATTACH WRITTEN CONFIRMATION FROM THE HEALTH CARE PROVIDER INDICATING THE DATE EACH SERVICE WAS PROVIDED AND THE SPECIALIZED SERVICE RECEIVED								

DECLARATION OF ELIGIBILITY FOR PRIVATE VEHICLE USAGE

I declare that the information provided on this application is true and correct to the best of my knowledge. I understand that this information will be used to determine eligibility for reimbursement of private vehicle expenses in accordance with the Medical Transportation Assistance Program criteria and conditions. I declare that financial assistance for medical travel was not provided by the Department of Advanced Education and Skills, Workplace Health, Safety & Compensation Commission, or any other Federal/Provincial Government Department, Agency, Board, Commission, or Regional Health Authority. I understand that if I have private health insurance benefits, medical travel expenses must be assessed by the private insurance provider prior to submitting a claim to the Department for assessment and that any monies paid by private insurance must be disclosed in the form of a copy of the private insurance assessment and attached to the application form.

I understand and agree that the information I submit may be subject to verification by officials of the Department of Health and Community Services and that medical travel assistance provided to me in error is subject to recovery by the Department of Health and Community Services.

I authorize the Department of Health and Community Services to contact and share information with the Department of Advanced Education and Skills and/or any other parties identified in this application for the purpose of verifying medical services received, eligible kilometres and for auditing purposes. I authorize the Department of Advanced Education and Skills and/or any other parties identified in this Declaration of Eligibility to release the requested program-related information to the Department of Health and Community Services. I declare that all patients listed reside at the same residence and have consented to payment being made to me as the claimant.

Who Qualifies

 Beneficiaries of MCP who travel via private vehicle to access medically required specialized insured services, treatments and diagnostic procedures which are not available in their area of residency or which are not available in the province may be eligible for assistance at the prescribed rate.

Confirmation of Specialized Services

 All claims for assistance for medical travel via private vehicle require written confirmation from the service provider indicating the date(s) the service(s) was provided and the specialized service(s) received.
Specialized services include: consultation with a specialist or sub-specialist, chemotherapy, dialysis, radiation treatment, nuclear medicine, MRI, and PET Scans.

In-province medical travel assistance claims require confirmation from the provider that the specialized insured service was received.

A copy of the medical referral from a Newfoundland and Labrador physician may also be required in some cases.

Out-of-province within Canada medical travel requires a copy of the letter of medical referral from the in-province specialist to the medical consultant in the other province.

Out-of-country medical travel may be eligible for assistance if your in-province specialist physician has obtained prior approval for out-of-country treatment from the Medical Care Plan (MCP).

How the Program Works

• Effective July 1, 2014, residents who travel in excess of 1,500 kilometres by private vehicle during a 12-month period to attend medically required specialized insured services which are not available in their home community, may be eligible for financial assistance at the prescribed rate of 20 cents per kilometre.

- Kilometres are calculated based on the distance between the community of residency and the community where the specialized insured service is received using the NL Statistics Agency Kilometre Matrix which is available at www.stats.gov.nl.ca/ DataTools/RoadDB/Distance.
- Kilometres for out-of-province medical travel are calculated using the shortest distance between communities using Google Maps.
- Calculations for assistance are based on a 12-month period beginning on the date of the first eligible specialized appointment.
- Eligible kilometres for immediate family members who live in the same household may be combined by a single claimant in order to reach the kilometre requirement. Where patients travel together for appointments, only one individual may claim the kilometres travelled.
- All kilometres claimed must be recorded on the Claim for Private Vehicle Usage Form. (Attach additional pages if needed).
- Patient attendance at the medical appointment must be confirmed by the attending physician, specialist or health care provider.
- Signature of all patients 16 years and older is required.
- Once a claim is approved, a payment is issued to the claimant.

Non-Eligible Kilometres

- Local travel or travel within the area where the service is received is not claimable.
- Residents who travel via private vehicle to access nonspecialized insured services are not eligible for medical travel assistance under the Medical Transportation Assistance Program.
- Eligible private vehicle medical claims are not to be submitted until the number of claimable kilometres exceeds the minimum number of kilometers required in a 12-month period (i.e. 1,500km).

Claims for other expenses such as airfare or purchased registered accommodations must be submitted on the Medical Transportation Assistance Claim for Airfare and Purchased Registered Accommodations Application.